



Commonwealth of Massachusetts

Department of Public Safety
One Ashburton Place, Room 1301
Boston, MA 02108-1618
Tel: (617) 727-3200 x25218
WWW.MASS.GOV/DPS

NEW RIDE ACCEPTANCE FORM

An alternate form may not be used, however supplemental information may be attached.
The following report is submitted in compliance with 520 CMR 5.00 established by the Department of Public Safety.

(Print name of Inspector)

(Inspector Phone Number)

(Inspector E-Mail Address)

(Amusement Company Phone Number)

(Print Name of Amusement Company)

(Contact Name Title)

(Company Street Address)

(Company City, State, Zip Code)

I certify under the penalties of perjury that I have verified conformance with the approved design for this device, have completed the following:

- ? A review of the maintenance records, including periodic check lists, if applicable;
- ? A review of operator training records and manufacturer certification; (a minimum of one operator has been properly trained in the operation of this device.
- ? A review of non-destructive testing records, when required;
- ? A review of the certification that the manufacturer has tested the ride in accordance with ASTM F 846-92 and determined that the ride is satisfactory. This certification shall remain with the ride, and a Manufacturers Data Report is attached;
- ? A complete mechanical inspection, which may require the ride to be partially disassembled;
- ? A check of redundant safety systems; and
- ? An operating inspection, during which all safety systems shall be checked and the ride shall be cycled as during normal operation.

(Name and Manufacturer of Device)

(Serial number and USID Number)

I have personally inspected this device in accordance with 520 CMR 5.00.

(Signature of Certified Inspector)

(Date of Inspection)

(Print Last Name)

(Massachusetts Certificate of Competency Number / Expiration)